" FILED MAR	5 1949		E DIVISION OF HEA					642	5
	9 1040		NDARD CERTIF	ICATE OF L	JEATH	State	File No		
BIRTH NO		REG. D	15T. NO.318	PRIMARY REG. D	- 100		itrar's No.		<u> 169.</u>
1. PLACE OF DEA a. COUNTY	TH Louis				SIDENCE (Where deceased it b. COI		titution: resi	dence before admission).
b. CITY (If outside co		URAL and a	c. LENGTH OF swmship) STAY (in this place) 4 iirs.	c. CITY (If outed OR TOWN	de corporate limit St. Loui		ad give town	mehip)	17
d. FULL NAME OF (HOSPITAL OR INSTITUTION	· -		ive street address or location) lps Hospital	d. STREET ADDRESS I	•	sive location) 8th. St.	·		<u>0 :</u>
3. NAME OF DECEASED (Type or Print)	a. (First) Luke McCe	llery	b. (Middle)	c. (Last)		4. DATE OF DEATH	(Month) Feb.	(Day) I 8,	(Year) I949
	COLOR OR RACE	7. MARR WIDO	HED, NEVER MARRIED, WED, DIVORCED (Reddy)	8 DATE OF BIRT		9. AGE (In yes last birthday)	Months II	TYPAR OF I	MOER M HILS.
10a. USUAL OCCUPATIOn done during most of world Janitor	ON (Give kind of work		D OF BUSINESS OR IN-	11. BIRTHPLACE Madison	(State or foreign	4		12. CITIZE COUNTR U. 36	NOF WHAT
13a. FATHER'S NAME			136. MOTHER'S MAIDEN	NAME	L i i i i i i i i i i i i i i i i i i i	ME OF HUSBAN		E	
	ellery		? Jones	17. INFORMA		me McCel			DDfcc
15. WAS DECEASED EVE (Yes, no, or unknown) (III	R IN U.S. ARMED ! yes, give war or dates :	of service)	Ib. SOCIAL SECURITY	Theresa	Jones			s. Ave	DRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia,	I. DISEASE OR CO DIRECTLY LEADS ANTECEDENT CA Morbid conditions rise to the above co the underlying cou	USES		ERTIFICATIO	reun 111	romi		ONSET A	ND DEATH
etc. It means the dis- ease, injury, or complica- tion which caused death.	II. OTHER SIGNIF Conditions contrib related to the disea	ICANT CO	DUE TO (c) ONDITIONS	······································	490	X		2	
19a. DATE OF OPERA- TION	195. MAJOR FINE				11	1	-	20. AUTO	PSY1
21a. ACCIDENT SUICIDE HOMICIDE			OFINJURY (e.g., in or about factory, street, office bldg., etc.)	21c. (CITY, TOWN	i, or Townshi	P) (C	OUNTY)	(51	ATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (PLE. INJURY OCCURRED WHILE HOT WHILE WORK AT WORK	21f. HOW DID IN	JURY OCCURT				-
22. I hereby certify alive on Fee	that I attended t	he decear 9, and t	sed from hat death occurred at .	, 19, to	om the cause	, 19, s and on the			deceased
ZE SIGNATURE	Penn &	lina	(Degree or title)	23b. ADDRESS	lack	ave		23c. DAT	ESIGNED
ZAR BURIAL CREMA TION REMOVAL (Specific	2/00/	949	24c. NAME OF CEMETER		mai	dison	wn, or cour	a.	(State)
CEB 22 1348	L REGISTRAR'S	IGNATURI	eater	25. FUMERAL D	Funeral			ton, i	ve
			(Licensed Embalmer's 5	itatement on Revers	e Side)				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the bo-	dy whose name is recorded on the	e reverse side of this	certificate was embala	ned by me, or by
			Student Embalmer	to

working under my personal supervision.

Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.